United Nations E/ICEF/2002/P/L.12/Add.1

Economic and Social Council

Distr.: Limited
22 July 2002

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2002
16-20 September 2002
Item 3 of the provisional agenda*

Country programme recommendation**

India***

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of India for the period 2003 to 2007 in the amount of $150,394,000 from regular resources, subject to the availability of funds, and $250,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2002/11.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

*** Document submission was delayed pending receipt of final data.

02-49159 (E) 160802

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The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.12). Some of the more salient developments since then are highlighted below.

2. In pursuance of the national commitment to universalize elementary education, the Government of India introduced the 93rd Constitutional Amendment making elementary education a fundamental right of every child between 6-14 years of age.

3. The Government participated in the South Asia Consultation for the Second World Congress against Commercial Sexual Exploitation of Children, which developed the South Asia Strategy, as well as in the World Congress itself held in Yokohama. The Strategy and the Yokohama commitments provide another basis for promoting actions to protect children from commercial sexual exploitation in India.

4. In January 2002, the Government signed the Declaration adopted at the 11th South Asian Association for Regional Cooperation Summit, which included both the Convention on Preventing and Combating Trafficking in Women and Children for Prostitution and the Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia. The Declaration calls for investing in children as an effective means for poverty reduction, polio eradication by 2005, protection of children from mother-to-child transmission of HIV/AIDS and promotion of quality basic education.

Programme cooperation, 1999-2002

5. The current Government of India-UNICEF programme of cooperation was prepared within the United Nations Development Assistance Framework (UNDAF) of cooperation and was limited to four years in order to achieve synchronization of the next programming cycle with the United Nations Development Programme, the United Nations Population Fund (UNFPA), the World Food Programme and the Tenth National Development Plan. The country programme received 100 per cent of the approved regular resources ceiling and raised around 70 per cent of planned other resources.

6. Between 1999-2002, Government of India-UNICEF cooperation saw a furthering of the concept of rights-based programming, with its continued support to children living in more remote areas, marginalized districts and states, and children living in difficult circumstances. There was a further shift from vertical programmes to a more community-based approach, a concerted effort to focus on children under three years of age, and better use of decentralized data for decision-making at the community level. There was also an improvement in programme implementation, with an expansion of partnerships facilitated by the Government.

7. During the current programme, UNICEF assistance, in partnership with non-governmental organizations (NGOs) and local community institutions, helped to develop models and strategies for strengthening community processes across sectors to improve the quality and increase the coverage of services. Some impressive gains have been seen, but there have also been important constraints. In health, the focus on polio eradication, along with better coordination of inputs from various partners,

have contributed to a decline in the number of cases from 1,934 in 1998 to 268 in 2001. The specific UNICEF contribution in this regard has been in the guidance and management of social mobilization activities in high prevalence districts. While the country is heading towards zero polio certification in 2005, reducing the number of cases will be a major challenge. Weaknesses in routine immunization systems have begun to surface. To achieve universal immunization coverage, a house-to-house strategy within a strengthened routine immunization system will be supported. The linking of polio eradication with other health-related interventions is gradually gaining acceptance. The Inter-State Border District Cluster Strategy, a component of the national Reproductive and Child Health Programme, with its emphasis on the revitalization of health centres, has taken more time than expected to be translated into effective programming due, in part, to its focus on marginalized districts and in involving communities in the definition of the health needs of mothers and children. With the entry of partners such as the European Union and the World Bank providing larger-scale support for health centre supplies, the UNICEF supply input has been scaled down.

8. In education, UNICEF focused its efforts on a number of innovative community-level initiatives. These included, for example, the extension of "joyful learning" methods, strengthening of community involvement, micro-planning with communities, teacher empowerment, materials development, and participation in the planning, design and evaluation of the District Primary Education Programme (DPEP), which has been funded by the World Bank, the United Kingdom Department for International Development (DfID) and Netherlands development cooperation. The "joyful learning" programme, piloted over the last six years, and the good practices in micro-planning with communities have been incorporated in the DPEP by the Government. The ongoing country programme has also focused more on improving the quality of education and learning achievements, laying the foundation for further development over the next five years. By promoting improved school sanitation, UNICEF has been addressing one of the factors contributing to lower attendance by girls in schools.

9. In child development and nutrition, interventions focused on caring practices in the household. A number of community care models of early childhood care (ECC) were introduced for improving the nutritional status of children under three years old. The child development and nutrition programme supported 14 states to conduct vitamin A distribution, reaching some 40 million pre-school children. Coverage rates rose to 80-85 per cent as against a coverage rate of 17 per cent in 1998-1999. The programme supported pilot projects that have demonstrated the feasibility and impact of the administration of iron folic acid to adolescent schoolgirls, and iron folic acid supplementation has been adopted in the national Integrated Child Development Services (ICDS) programme. UNICEF worked successfully with partners to incorporate the ECC for survival, growth and development approach into the recommendations of the Tenth Five-Year Plan Working Group on Child Development and Nutrition.

10. The child's environment programme has focused increasingly on hygiene education and on sustainability issues in water. With the realization that increased water supply points do not result in an automatic increase in the availability and use of water, and in light of the threats to the resource base, it has become critical to address issues of water quality and ongoing droughts. The programme has promoted decentralized community management and participation as part of sector reform,

and approaches to water harvesting in drought-prone areas. Linking with the education programme, it has focused on giving a big thrust to water, sanitation and hygiene in schools. Support to increasing sanitation coverage included major efforts in promoting social mobilization and behavioural change, and in providing households with a range of technology choices for improvements in water quality and sanitation.

11. The child protection programme has covered a wide spread of issues, and the mid-term review (MTR) recommended a greater focus for impact in the next country programme. "Childline" has been expanded to almost all large cities in India and has now become institutionalized within the Government. This service responds to the needs of street children, but given the large number of NGOs working in this area, UNICEF support is being scaled down. UNICEF also worked closely with the Government and coalitions of NGOs to promote a greater awareness and concern for working children, child victims of trafficking and sexual exploitation, street children, and children in conflict with the law. However, UNICEF assistance to child labour interventions has been slower than expected. Experience has shown that victims of child labour suffer from multiple deprivations, and that no single strategy will be sufficient to address this problem. Child trafficking has not received the requisite level of attention. In view of the magnitude of this problem, the next country programme will focus more attention to this issue.

12. Programming was disrupted by several unanticipated natural disasters in different parts of the country. There was an earthquake in Gujarat; drought (for the fourth straight year) in Rajasthan, Gujarat, Madhya Pradesh and Maharashtra; and floods in West Bengal, Assam and Bihar. UNICEF has been involved in extending emergency relief in all these situations. For instance, in Gujarat, following the earthquake in January 2001, UNICEF worked closely with the Government, communities and the United Nations Disaster Management Team to advocate for and support, among other relief interventions, the quick resumption of elementary education. Over 2,000 tented schools, enrolling 300,000 children, opened on time for the semester beginning in June. A critical decision was taken at the joint Government of India-UNICEF MTR to mainstream emergency preparedness into regular sectoral programming. Investments in staff training, the development of contingency plans and the establishment of a small India country office Emergency Unit based in New Delhi to liaise with the United Nations and a number of other partners have strengthened UNICEF emergency preparedness and its contribution within a coordinated United Nations response.

13. In cooperation with other United Nations agencies, UNICEF strengthened linkages with the national statistical system, including with the Office of Registrar General and Census Commissioner, the National Sample Survey Organisation and other agencies engaged in data collection and analysis. The UNICEF ChildInfo software was used to develop DevInfo, a common United Nations database of indicators. The database was extended and used by the Gujarat State Disaster Mitigation Authority to monitor relief and rehabilitation programmes. ChildInfo was also adapted for the Registrar General of India and will be used nationwide for the presentation of census results. UNICEF has also been associated with major data collection exercises such as the National Family Health Survey-2 (1998/99), the Multiple Indicator Cluster Survey (MICS) 2000 and the Census of India 2001 undertaken during the programme period. Results from these surveys have informed, in particular, the planning process for India's Tenth Five-Year Plan (2003/08).

14. Advocacy and communication for child rights were carried out throughout the programme. Special attention was given at both national and state levels to strengthen follow-up and reporting on the Convention on the Rights of the Child. The Global Movement for Children and the lead up to the United Nations General Assembly Special Session on Children provided opportunities for UNICEF to mobilize and advocate for children. UNICEF encouraged the participation of children in different forums. A high-level government delegation, NGOs and children participated at the 2001 South Asia High-Level Meeting on Investing in Children held in Nepal. Initiatives in support of reporting on children by children were encouraged. Specific support was extended to the Government in its national advocacy campaigns, especially to work against sex selection and towards the elimination of discrimination against the girl child. UNICEF also supported media outreach at state and national levels on key issues related to children.

15. UNICEF has continued to be proactive in supporting partnerships and collaboration with other United Nations agencies in all programme areas. In addition to being an active member of Inter-agency Working Groups, as chair of the United Nations Inter-agency Theme Group on HIV/AIDS in 2000, UNICEF contributed to the further development of a joint United Nations response to Government effort to tackle the HIV/AIDS epidemic. UNICEF supported the first phase of a study on feasible and effective prevention of mother-to-child transmission (PMTCT) of HIV. In collaboration with the National Aids Control Organisation, the experience and results from this study have been used to develop a plan of action (including training) for going to scale and for expanding the PMTCT strategy to districts. The joint United Nations education project pioneered efforts to strengthen the decentralized planning of education, improve the quality of data, forge stronger links with early childhood development (ECD) programmes and create community monitoring systems for ensuring that all children attend school.

16. Working in close collaboration with the World Health Organization (WHO) and with support from German, Japanese, Swedish and United States development cooperation, and the United Nations Foundation, UNICEF contributed to the success of the national polio eradication campaigns. UNICEF and the Government of India initiated, with assistance from Canadian development cooperation, the revitalization of primary health care (PHC) sub-centres in 50 districts to reach the most neglected communities. Interventions in safe motherhood were partnered with the Gates Foundation, and Italian and Swedish development cooperation. Canadian and United States development cooperation supported the UNICEF expansion of micronutrients. Australian development cooperation supported micro-planning with communities for increasing enrolment in primary schools in three states. Swedish and United Kingdom development cooperation partnered with UNICEF for new initiatives in water and school sanitation, and for strengthening drought preparedness. Strategies for the elimination of child labour were developed and piloted in partnership with the International Labour Organization and Norwegian development cooperation. With support from the World Bank, the significance of childhood care in the first three years of life for nutrition and development outcomes was established within the national Integrated Child Development scheme. Netherlands development cooperation has supported HIV/AIDS programming in PMTCT and primary prevention among adolescents and young people as part of a three-pronged approach to PMTCT.

Lessons learned from past cooperation

17. A summary of lessons learned from the current country programme was outlined in the country note. Since that time, other reviews, as noted below, have been carried out. The lessons have been applied in the development of the new programme of cooperation.

18. Assessments of the convergent community action experiences point to the importance of further promoting and strengthening the following three elements in tandem to have an impact: (a) changing mindsets and behaviour; (b) strengthening systems of public delivery through promoting quality, equity and coverage; and (c) ensuring a strong interface between the community and service providers. Recent reviews of the Border District Cluster Strategy, carried out with technical and financial support from Canadian, German and United Kingdom development cooperation, and the World Bank, have led to the refinement of the minimum and expanded intervention PHC packages for these districts. A tripartite review of the child environment programme in West Bengal involving the Government, the Swedish International Development Authority and DfID highlighted the contribution of UNICEF assistance to the drinking water sector reforms in: (a) developing models for capacity-building; (b) strengthening community processes for monitoring progress; and (c) enhancing capacity for information dissemination, communication and education at the national level.

19. A gender audit of the education programme carried out in two states pointed to the building of greater consensus and understanding among partners on the use of a "gender lens" in project formulation, appraisal, supervision, monitoring and evaluation. This would include working with both men and boys at the project level. It would also cover the development of qualitative case studies of experiences of girls in schools and residential camps to better understand improvements needed towards greater gender equality.

Recommended programme cooperation, 2003-2007

Regular resources: $150,394,000

Other resources: $250,000,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Reproductive and child health	19 566	86 500	106 066
Child development and nutrition	24 610	32 000	56 610
Child environment — water, environment and sanitation	24 070	40 000	64 070
Primary education	24 590	33 000	57 590
Child protection	10 000	25 000	35 000
HIV/AIDS	7 500	32 000	39 500
Advocacy and partnerships	9 500	500	10 000

	Regular resources	*Other resources*	*Total*
Planning, monitoring and evaluation	8 000	1 000	9 000
Cross-sectoral costs	22 558	-	22 558
Total	**150 394**	**250 000**	**400 394**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

20. The Department of Women and Child Development in the Ministry of Human Resource Development was responsible for overseeing and guiding the preparation of the Government of India-UNICEF country programme of cooperation. Work on the preparation of the new country programme began with an MTR in February 2001, followed by the preparation of the strategy paper. Extensive state-level consultations were held with relevant sectoral departments and other partners, national and international, governmental and non-governmental. The process also benefited specifically from several rounds of discussions with NGOs, United Nations agencies, bilateral agencies, experts, and representatives from universities and academic and research centres. The Tenth Five-Year Plan provided the overall context for the discussions. The development of core sectoral programmes was based on discussions with respective departments in Government and with other partners. Special efforts were made to establish linkages across programmes by organizing intersectoral discussions. Programme plans of operations are being developed for each sector taking into account state-specific priorities. This country programme recommendation also incorporates the feedback and comments made by Executive Board members on the country note in January 2002.

Country programme goals and objectives

21. The overall goals of the Government of India-UNICEF programme of cooperation are framed within the progressive realization of the rights of all children and women, and the creation of an enabling environment to ensure gender equity and strengthen accountabilities towards children. The programme of cooperation for 2003-2007 has been developed within the context of the Tenth Five-Year Plan, UNDAF and UNICEF corporate priorities under the medium-term strategic plan (MTSP). The country programme will support implementation of national plans for child survival, development and protection and for women's empowerment. Specifically, the programme will contribute towards the reduction of infant and maternal mortality; improvements in levels of child nutrition; ensuring universal elementary education; and enhancing child protection, including the elimination of child labour, the prevention of child sexual exploitation and child trafficking, and the protection of children and adolescents from HIV/AIDS.

22. The contribution of UNICEF towards achieving the national goals has to take into account its comparative advantage in developing innovative models that are sustainable and capable of being taken to scale by other partners through advocacy based on evidence. Equally important is the UNICEF contribution to action research in different sectors that supports government programming efforts for children.

23. Accordingly, the distinctive contribution of UNICEF will be the realization of the following three objectives: (a) to empower families and communities with appropriate knowledge and skills to improve the care and protection of children; (b) to expand partnerships as a way to leverage resources for children and scale up interventions; and (c) to strengthen the evaluation and knowledge base of best practices on children in order to inform policy, support programme formulation and enhance monitoring capacity.

24. Many critical changes, such as in care practices of the newborn, in attitudes towards HIV/AIDS and in hygiene practices, require strengthening and altering family behaviour. This calls for effective communication, simple yet strong messages, sustained advocacy, social mobilization and face-to-face interaction at individual and community levels. At the same time, broad-based partnerships are crucial for leveraging resources and scaling up many effective community-based interventions. Better systems for tracking progress on child indicators and assessing the efficacy of interventions are needed in order to optimize resource allocations and results for children.

Relation to national and international priorities

25. The 2003-2007 country programme was developed in the context of a harmonized programme cycle with the Government's Tenth Five-Year Plan. It addresses the main organizational priorities set out in the UNICEF MTSP as well as those of UNDAF, which include the promotion of gender equality and strengthening decentralization. It is guided by the outcome document of the Special Session on Children, "A World Fit for Children", and its call for national action plans. The country programme will support government efforts towards the achievement of the Millennium Development Goals, as well as national goals and targets spelled out under the Tenth Five-Year Plan that include: (a) ensuring universal access to primary education by 2007; (b) increasing literacy rates to 72 per cent by 2007 and to 80 per cent by 2012; (c) reducing the infant mortality rate to 45 per 1,000 live births by 2007 and to 28 by 2012; (d) reducing the maternal mortality ratio from 540 to 200 per 100,000 live births by 2007 and to 100 by 2012; (e) ensuring universal access to potable water to all villages by 2012; and (f) containing infection levels of HIV/AIDS so as to achieve zero level of new infections by 2007.

Programme strategy

26. The programme strategy remains essentially the same as described in the country note. Developed during the current programme, the following four principal strategies will be refined and strengthened: (a) convergent community action to incorporate the components of changing mindsets, strengthening delivery systems, and ensuring a better interface between the community and service providers; (b) promoting decentralized community management to ensure effective quality and coverage of basic social services; (c) capitalizing on women's expanding political opportunities for participation to influence public decision-making in support of children; and (d) strengthening partnerships for effective leveraging of resources as well as for scaling up of interventions.

27. UNICEF will consolidate lessons learned and experiences from interventions initiated in the current programme and focus on three categories of vulnerable children. The first set of interventions will concentrate on children under three years of age with programmes in reproductive and child health, child development and nutrition, and child environment. The second set of interventions will concentrate on school-age children, particularly from disadvantaged communities, and with a special focus on girls to ensure access to good quality elementary education. The third set of interventions will concentrate on adolescents, in which adolescent girls will constitute a special focus group, and the programmes will seek to impart life skills and address intergenerational factors that contribute to discrimination, ill-health, and poor nutrition and education. Included in this group will be young people from vulnerable communities who face the risk of HIV/AIDS and children who suffer from multiple deprivations and need special protection.

28. Programming in India has to recognize the striking differentials that exist in the levels of development across the states. Similarly, within states, inter-district differentials persist. Operating within a national framework of cooperation, UNICEF will support selected nationwide interventions and advocacy for children. More specifically, UNICEF support of innovations, monitoring of ongoing programmes, and action research for scaling up as well as better programme implementation will be adapted to conditions prevailing in different states. Sectoral programmes will operate in roughly 50 per cent of the districts in India. These will be selected on the basis of consultations with the Government, with the priorities based on indicators and special problems. UNICEF will promote cross-fertilization of ideas and approaches by facilitating exchange and sharing of experiences across districts and states. In urban areas, interventions will be piloted selectively in response to the emerging challenges faced by the urban poor with the objective that they can be replicated and mainstreamed in the future.

29. Given India's vulnerability to natural disasters, attention will be given to emergency within the context of a United Nations coordinated response to strengthen the capacity of vulnerable communities. UNICEF will focus on emergency preparedness and relief, with special attention to ensuring schooling, immunization coverage and protection of children. Special efforts will be made to dovetail emergency-related work into regular sectoral interventions supported by UNICEF.

30. The country programme is structured around six sectoral programmes that have strong interlinkages. Reproductive and child health, child development and nutrition, and child environment (water, environment and sanitation) will focus on children under three years of age, and these three programmes will be framed within the context of integrated ECD. Primary education, child protection, especially child labour, and HIV/AIDS are three other programmes with intersectoral linkages. Two additional programmes — advocacy and communication, and planning, monitoring and evaluation — will focus on forging cross-sectoral linkages and extending support to the achievement of the overall programme objectives. Results specified for each sectoral programme will be further refined to correspond to the reality in different states and reflected in the master plan of operations (MPO).

31. The country programme will continue to incorporate the core elements of community convergent action by emphasizing decentralization, behaviour change and community services interface. The programme will continue to support women's

self-help and other community groups, *panchayats* (elected local bodies) and local institutions that work for children. In all programme areas, the focus will be on a more meaningful involvement of the community through a variety of institutional mechanisms: community advisory boards; community health and nutrition teams; community planning for ECD; community-based disaster preparedness; environmental improvements; water quality surveillance; community-based micro-planning and monitoring of schools; and other community-based alliances of youth and other agencies.

32. **Reproductive and child health**. Given its focus on children under three years of age, the major thrusts and corresponding programme components will be: (a) maternal and newborn care; (b) immunization plus; and (c) system strengthening and quality improvement. Most interventions will take place in 50 districts covering some 85 million people in the context of the Inter-State Border District Cluster Strategy, with its emphasis on sub-centre revitalization and the promotion of community involvement in health development. Activities to promote maternal and newborn care will include support for quality maternal care, community involvement in birth preparedness and complication readiness to refer women needing emergency obstetric care, capacity-building of skilled birth attendants and emergency obstetric care services. In immunization plus, UNICEF will provide support for strengthening routine immunization and the phased introduction of hepatitis B vaccine; the development of a policy for safe injections, supported by the Global Alliance for Vaccines and Immunization; polio eradication; measles control; and the elimination of neonatal tetanus. The system strengthening and quality improvement project will focus on capacity-building for the management of maternal and childhood illnesses both in the community and within health services, primary health sub-centre revitalization, and support for policy analysis and development as inputs into health sector reform efforts. The reproductive and child health programme will be implemented in close partnership with both central and state governments, national NGOs, and bilateral and other agencies such as the Canadian International Development Agency (CIDA), the European Commission, the Gates Foundation, Italian Cooperation, the Japan International Cooperation Agency, Rotary International, UNFPA, the United States Agency for International Development (USAID), WHO and the World Bank.

33. Key results envisaged under the programme are: (a) quality and timely immunization; (b) the institutionalization of an essential package of PHC interventions for children under three years of age and women; (c) effective programme communication and social mobilization for newborn care and safe motherhood; and (d) improved household-level care practices and utilization of quality public health services at the community level.

34. **Child development and nutrition**. In support of government efforts to reduce and prevent malnutrition and improve developmental outcomes of children under three years of age, the major thrusts of this programme will be: (a) family- and community-based child care interventions; (b) support systems for quality improvements in ICDS following the life cycle approach; and (c) improved data analysis and extended partnerships. The programme will strengthen linkages and synergy with health, water and sanitation; and promote multisectoral assessment, analysis and actions, with a view to fostering an enabling policy environment that is supportive of families and communities, especially the most excluded. The nutrition project will support the creation of national- and state-level capacity for assessment,

analysis and informed multisectoral action for the prevention of malnutrition, including micronutrient malnutrition in children under three years of age and adolescent girls. The ECD project will work towards enhancing growth and development outcomes as well as active learning capacity and school preparedness in children under three years of age by improving the quality of family care and effective access to quality child care services. Finally, the policy analysis and development project will focus on strengthening the policy environment through improved data analysis and extended partnerships. UNICEF will continue to partner with CIDA, the International Development Research Centre (IDRC), Netherlands development cooperation, USAID, the World Bank, local institutions and NGOs.

35. Key results envisaged under the programme are: (a) the institutionalization of family- and community-based child care models; (b) quality improvement plans for ICDS; (c) strengthened routine systems for improved effective coverage of vitamin A supplementation to children under three years old; (d) improved nutrition surveillance systems in selected states; and (e) effective communication strategy for behaviour change.

36. **Child environment — water, environment and sanitation**. In supporting government efforts to provide a safe and conducive environment for children, the major thrusts of the programme will be: (a) better hygiene practice and increased household water security; (b) encouraging schools to practise hygiene; (c) addressing issues of water quality (especially arsenic, fluoride and bacteriological contamination) and sustainability; and (d) enhancing sustainability of systems and improve fresh water resource management. The programme will focus on: (a) promoting behavioural change in families and communities; (b) improving school water and sanitation facilities, reinforced by hygiene education and de-worming; (c) supporting sector reforms to achieve community management in rural water supply and sanitation; (d) strengthening policies, standards and regulatory frameworks that are supportive of home and community action, especially among the most excluded; and (e) strengthening linkages with the child development and nutrition, reproductive and child health, and education programmes. The three projects under this programme will: (a) provide assistance to state governments and district administrations on hygiene promotion and school sanitation; (b) strengthen sustainability through sector reforms and drought preparedness; and (c) improve water quality through better monitoring and improved household and community action. The child environment programme will be implemented in close partnership with both national and state governments, the Rajiv Gandhi Rural Drinking Water Mission, and other partners.

37. Key results envisaged under the programme are: (a) hygiene education and a sanitation strategy; (b) models for *anganwadi* (baseline village ECD centres) sanitation and scaling up of school water and sanitation, including life skills curriculum; (c) state plans for drought preparedness; (d) the institutionalization of sector reforms; and (e) the adoption of water quality mitigation policies and the widespread practice of home water treatment.

38. **Primary education**. The programme will support the Government's *Sarva Shiksha Abhiyan* (Education for All) initiative to ensure that all children have access to good quality education and that they complete a full course (i.e., five years) of primary schooling. Building on existing initiatives and recent successes, the major thrusts will be: (a) reducing gender disparities; (b) promoting access of children

from disadvantaged groups; and (c) enhancing learning achievements among children by improving the quality of education. The education quality project will include an essential package of interventions for quality education comprised of, among other elements, curriculum and teacher development and community-school partnerships. The disparity reduction project will focus on developing effective strategies for ensuring quality education for girls, children in tribal areas and urban slums, and working children. The education analysis and research project is intended to better inform education policy, improve services, and strengthen programme planning and monitoring. This programme will be implemented in close partnership with central government, state governments and NGOs in keeping with the strategies of the *Sarva Shiksha Abhiyan*. Australian development cooperation and the United Kingdom National Committee for UNICEF will also be partners in the implementation of this programme.

39. Key results envisaged under the programme are: (a) a field-tested package of quality interventions; (b) pro-active community education committees and forums for regular parent-teacher interactions; and (c) improved monitoring systems that include gender disaggregated data on learning achievements, transition and completion rates.

40. **Child protection**. This programme continues to evolve, building on lessons learned from past experience. In support of national plans of action for implementing child protection interventions, the major thrusts of this programme will be to: (a) support appropriate policies; (b) strengthen NGO networks and alliances, with a special focus on counselling services to protect children; and (c) develop databases and consolidate research findings for programme development and refinement. The programme is composed of three projects: (a) child labour; (b) child trafficking and commercial sexual exploitation; and (c) children in difficult circumstances. These projects will include activities that focus on learning and action, and advocacy and social mobilization. The learning component will include in-depth investigation and assessment of selected child protection issues and responses, as well as documentation of practices and lessons learned that can contribute to refining child protection strategies and interventions. The advocacy and social mobilization component will support assessment of policy and programme interventions.

41. Key results envisaged under the programme are: (a) comprehensive and practical child protection strategies; (b) improved information and data collection systems for child protection which involve children and young people; (c) an advocacy and communication strategy to raise public dialogue on child protection issues; and (d) child-friendly rescue and rehabilitation policies and practices.

42. **HIV/AIDS**. The programme will support the national objectives of reducing the prevalence of HIV/AIDS among children as well as the impact of AIDS on children, adolescents and families. Within the context of a Joint United Nations Programme on HIV/AIDS (UNAIDS) response, the major thrusts will be: (a) supporting the scaling up of PMTCT of HIV/AIDS nation-wide; (b) preventing HIV infections among young people; and (c) encouraging and creating the enabling environment for an expanded response to prevent HIV and reduce the impact of HIV/AIDS on women, children and young people. The PMTCT project will support the scaling up process of PMTCT to all states, broadening the approach to include a strong emphasis on primary prevention of HIV among women, and the care and

support of HIV-infected women and their children. Efforts will focus on capacity-building in 11 nodal Centres of Excellence on PMTCT, the development of guidelines on counselling on infant feeding and HIV, and monitoring. The adolescent and young people's project will aim to move rapidly in states with high levels of HIV prevalence, pioneering large-scale programmes that will provide knowledge and skills on prevention to at least 80 per cent of young people. This will be underpinned by and closely linked to efforts to scale up life skills education in school and out-of-school settings, and the development of strategies to reduce risk among highly vulnerable young people, with a special focus on the empowerment of women and girls. The communication project, designed to complement the above initiatives, will seek to link up with wider social movements to reduce the vulnerability of women and young people to HIV, and mobilize coalitions of NGOs and media in support of government efforts. It will also aim to create a supportive environment for policy interventions in particular, addressing care and support of HIV-infected women and children. These major initiatives will be supported in selected states to ensure high awareness of HIV prevention among young people and women, preparing the ground for scaled up, government-led interventions. UNICEF will collaborate with Netherlands development cooperation, the United Kingdom National Committee for UNICEF, UNAIDS and USAID, among others.

43. Key results envisaged under the programme are: (a) a national policy for PMTCT; (b) replicable district PMTCT models, including counselling services for pregnant women; (c) replicable models on preventive and peer education among young people, including life skills; and (d) partnerships and resources mobilized for scaled-up interventions.

44. Apart from these focused interventions, UNICEF will also extend cross-sectoral support to advocacy and partnership, planning, monitoring and evaluation.

45. **Advocacy and partnerships**. The overall goal of UNICEF advocacy is to promote the best interests of children and to mobilize support for accelerated interventions that address the priority problems of women and children. Information collection, dissemination and outreach to the media and other influencers will be combined with efforts to strengthen collaborative partnerships for children. Building on previous communication efforts, this programme will focus on increasing awareness and informing the general public, media and key decision makers on child rights issues. The programme envisages support to capacity-building and design of appropriate tools and processes that enhance opportunities. The participation of children, in accordance with their age and maturity, will be encouraged. Follow-up actions under the Global Movement for Children and agreed to in the outcome document of the Special Session on Children, including the development of a National Plan of Action for Children, will be supported. UNICEF will also facilitate the process of regular reporting by the Government as mandated by the Convention on the Rights of the Child.

46. **Planning, monitoring and evaluation**. The objectives of the programme will be to enable UNICEF to: (a) serve as a critical knowledge institution for children by engaging in evidence-building, data collection, reporting, monitoring of trends, assessing interventions and sharing experiences on child rights and child development programmes; (b) use its limited financial resources creatively to leverage additional resources — national and international — for children; (c) demonstrate the efficacy of selective "models" and validate new approaches for

scaling up at state and national levels; and (d) create an enabling policy environment through sustained advocacy on child rights.

47. UNICEF will support government efforts at data collection and monitoring of trends in the situation of children, and documentation and promotion of good practices. The cooperation will support selected surveys, thematic research, and the compilation and analysis of critical district-level data using MICS as a tool. Attention will be given to strengthen monitoring and evaluation, particularly at the community level.

48. The situation of children and women will be monitored through the data generated in the country using the extensive reporting and statistical systems in place. Given the size and complexity of the country programme, agreements will be made with select social science research institutions to provide support for monitoring programme implementation. Because one of the main components of the country programme is communication for behaviour change, appropriate assessments and evaluative methodologies will be used to assess the acquisition of information and its impact on behaviour change. Evaluations will be carried out to support the refinement of strategies on scaling up of programme activities. The areas of focus will be outlined in the Integrated Monitoring and Evaluation Plan. Annual reviews and planning exercises will be held to assess implementation performance and identify areas for improvement. The MTR of the country programme will be held in 2005.

49. The cross-sectoral costs budget component will cover activities and technical assistance common to all the programmes such as information technology, information management and monitoring, supply and procurement, programme information management and field-level operational costs.

Collaboration with partners

50. UNICEF cooperation with the Government of India has and will continue to build on and expand active partnerships with decision makers, media, academic and research institutions, NGOs and other agencies to develop, design and implement effective programmes for women and children at national and state levels. UNICEF will play a facilitating role in creating a network of partners that brings together different groups working on children's issues. Working within the mechanisms provided by UNDAF and Inter-agency Working Groups for strengthening United Nations inter-agency response and contribution, UNICEF will share its experience and knowledge to further promote synergy among United Nations agencies and to mobilize actions that can ensure the realization by India of the goals of its Tenth Five-Year Plan as well as the Millennium Development Goals. Partnerships will be further strengthened with the Asian Development Bank, the European Union and the World Bank. Special efforts will be made to collaborate with NGOs and to create platforms where the Government, NGOs and other institutions of civil society can discuss issues of child rights.

51. Partnership in programming has encouraged long-term funding arrangements. Such funding partnerships will be strengthened with major UNICEF partners, including Australian, Italian, Japanese, Netherlands and Swedish development cooperation; Canada (CIDA and IDRC); the United Kingdom (DfID); and the United States (USAID). At the same time, efforts will be intensified to mobilize

additional resources for children in close partnership with the Government of India. Over 20 National Committees for UNICEF have mobilized resources for the current programme. These and other National Committees will continue to be critical for supporting specific and innovative interventions for children.

Programme management

52. The Department of Women and Child Development in the Government Ministry of Human Resource Development will coordinate the implementation and review of the overall country programme. This will include joint annual review and workplanning with different sectoral departments and other development partners, including UNDAF partners. National reviews will be preceded by state-level consultations and reviews. Where possible, special efforts will be made to conduct intersectoral reviews to strengthen programme linkages. The overall country programme will be implemented by the country office, which has responsibility for technical guidance and support, national-level fund-raising activities, and oversight; and by the state offices that will support specific central- and state-level interventions for women and children at the district level.

53. Prior to programme implementation, an environmental impact screening will be undertaken as part of the consultative process at national and state levels during the preparation of the MPO. Particular attention will be given to the child environment programme because of its emphasis on water quality interventions (such as arsenic mitigation). A similar assessment will also be made of the reproductive and child health programme because of the introduction of auto-destruct syringes and new vaccines; and the child nutrition and development programme because of ongoing work in the administration of iron folic acid tablets and vitamin A.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

India	(2000 and earlier years)			UNICEF country classification
Under-five mortality rate	95		(2000)	High U5MR
Infant mortality rate	68		(2000)	High IMR
GNI per capita	$ 460		(2000)	Low GNI
Total population	1008.9	Million	(2000)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	22042	23561	25534	25204
Infant deaths (under 1)	(thousands)	2799	2662	2145	1739
Under-five deaths	(thousands)	4452	4076	3141	2420
Under-five mortality rate (per 1,000 live births)		202	173	123	95
Infant mortality rate (under 1) (per 1,000 live births)		127	113	84	68

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	52*	47*
(% weight for age, 1992-93/1998-99)	Severe	20*	18*
Babies with low birth weight (%,1998-99)		..	26
Primary school children reaching grade 5 (%, 1993/1997)		59	52

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992-93/1998-99)	51	55
Timely complementary feeding rate (6-9mo.) (%,1992-93/1998-99)	31	34
Continued breast-feeding rate (20-23 mos.) (%,1992-93/1998-99)	67	69
Prevalence of wasting (0-59 mos.) (%, 1992-93/1998-99)	19*	16*
Prevalence of stunting (0-59 mos.) (%, 1992-93/1998-99)	47*	46*
Vitamin A supplementation coverage (6-59 mons.) (%,1998)	..	15
Household consuming iodized salt (%, 1994/2000)	67	50

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 2000)		..	18
Routine EPI vaccines financed by government (%, 2000)		..	100
Use of improved drinking water sources	Total	68	84
(% of population, 1990/2000)	Urban/rural	88/61	95/79
Use of improved sanitation facilities	Total	16	27
(% of population, 1990/2000)	Urban/rural	44/6	59/14
Births attended by skilled personnel (%, 1992-93/1998-99)		34	42
Maternal mortality ratio (per 100,000 live births, 1996-98)		..	540
Antenatal care coverage (%, 1992-93/1998-99)		49	60
Adult HIV prevalence rate (%, 1999)		..	0.70

Immunization		1981	1985	1990	1995	2000
One-year old (%) immunized against:	Tuberculosis	4	8	66	81	73
	DPT	6	18	70	71	64
	Polio	2	14	66	71	70
	Measles	..	1	56	72	56
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	60

* Aged 0-35 months.

TABLE 1 (continued)

India

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1992/2000)	Total	../68 b/	../77 b/
	Male	../75 b/	../79 b/
	Female	../61 b/	../73 b/
Secondary enrolment ratio (gross/net) (%)	Total	../..	../..
	Male	../..	../..
	Female	../..	../..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	49	56
	Male/Female	62/34	69/42
Radio/television sets (per 1,000 population, 1990/1997)		79/32	120/65

DEMOGRAPHIC INDICATORS		1970	1980	1990	2000	2010
Total population	(thousands)	554911	688856	844886	1008937	1164020
Population aged 0-18 years	(thousands)	258297	309366	359726	399798	407486
Population aged 0-5 years	(thousands)	86621	96705	112867	116399	112976
Urban population (% of total)		19.8	23.1	25.5	28.4	33.0
Life expectancy at birth (years)	Total	49	54	59	63	67
	Male	50	54	59	63	66
	Female	48	54	59	64	68
Total fertility rate		5.6	4.7	3.9	3.1	2.4
Crude birth rate (per 1,000 population)		40	34	30	25	20
Crude death rate (per 1,000 population)		17	13	11	9	8

		About 1990	Most recent
Contraceptive prevalence rate (%, 1992-1993/1998-99)		41	48
Population annual growth rate (%, 1970-90/1990-2000)	Total	2.1	1.8
	Urban	3.4	2.9

ECONOMIC INDICATORS		About 1990	Most recent
GDP per capita annual growth rate (%, 1960-90/1990-2000)		1.6	4.2
Inflation rate (%, 1985-92/1990-2000)		10	8
Population below $1 a day (%, 1997)		..	44
Household income share (%, 1989-90/1997)	Top 20%/bottom 40%	41/21	46/20
Government expenditure (% of total expenditure, 1990/1999)	Health/education	2/2	2/3
	Defense	17	15
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1999)	$US millions	1550	1484
	As % of GNI	0	0
Debt service (% of goods and services exports (1990/1999)		26	14

b/Survey data.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1999-2002 a/

COUNTRY: INDIA
LATEST BOARD APPROVAL: 1998
REGULAR RESOURCES: $ 122,172,000 (In thousands of United States dollars)

Programme Sectors/Areas	TOTAL					
	Regular resources b/		Other resources		Total (RR & OR)	
	Actual	Planned	Actual	Planned	Actual	Planned
Child and women's health	19,651	17,100	79,750	83,000	99,401	100,100
Education	14,348	20,575	13,518	28,000	27,866	48,575
Child development and nutrition	14,296	21,680	4,244	22,000	18,540	43,680
Child's environment	13,663	20,000	24,284	28,000	37,947	48,000
Convergent community action	6,658	10,006	536	4,500	7,194	14,506
Advocacy and comunication for child rights	4,884	6,499	412	4,000	5,296	10,499
Planning, monitoring and evaluation	2,755	3,986	374	500	3,129	4,486
Child protection	4,963	7,207	2,790	10,000	7,753	17,207
Cross-sectoral costs	11,992	15,119	-	-	11,992	15,119
GRAND TOTAL	93,210	122,172	125,908	180,000	219,118	302,172

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 31 May 2002.
b/ = Actual RR expenditure includes allocations from global set-aside.

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: INDIA
PROGRAMME CYCLE : 2003-2007

	FUND	2003	2004	2005	2006	2007	TOTAL
REPRODUCTIVE AND CHILD HEALTH	RR	3,966,000	3,900,000	3,900,000	3,900,000	3,900,000	19,566,000
	OR	16,500,000	17,000,000	18,000,000	17,000,000	18,000,000	86,500,000
	TOTAL	20,466,000	20,900,000	21,900,000	20,900,000	21,900,000	106,066,000
PRIMARY EDUCATION	RR	4,950,000	4,910,000	4,910,000	4,910,000	4,910,000	24,590,000
	OR	6,000,000	6,000,000	7,000,000	7,000,000	7,000,000	33,000,000
	TOTAL	10,950,000	10,910,000	11,910,000	11,910,000	11,910,000	57,590,000
CHILD DEVELOPMENT AND NUTRITION	RR	4,950,000	4,915,000	4,915,000	4,915,000	4,915,000	24,610,000
	OR	5,000,000	6,000,000	7,000,000	7,000,000	7,000,000	32,000,000
	TOTAL	9,950,000	10,915,000	11,915,000	11,915,000	11,915,000	56,610,000
CHILD ENVIRONMENT - WES	RR	4,650,000	4,855,000	4,855,000	4,855,000	4,855,000	24,070,000
	OR	7,000,000	8,000,000	8,000,000	9,000,000	8,000,000	40,000,000
	TOTAL	11,650,000	12,855,000	12,855,000	13,855,000	12,855,000	64,070,000
HIV/AIDS	RR	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	7,500,000
	OR	8,000,000	8,000,000	6,000,000	5,000,000	5,000,000	32,000,000
	TOTAL	9,500,000	9,500,000	7,500,000	6,500,000	6,500,000	39,500,000
CHILD PROTECTION	RR	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
	OR	3,000,000	4,000,000	5,000,000	6,000,000	7,000,000	25,000,000
	TOTAL	5,000,000	6,000,000	7,000,000	8,000,000	9,000,000	35,000,000
PLANNING, MONITORING & EVALUATION	RR	1,500,000	1,500,000	1,500,000	1,500,000	2,000,000	8,000,000
	OR	200,000	200,000	200,000	200,000	200,000	1,000,000
	TOTAL	1,700,000	1,700,000	1,700,000	1,700,000	2,200,000	9,000,000
ADVOCACY AND PARTNERSHIPS	RR	2,000,000	2,000,000	2,000,000	2,000,000	1,500,000	9,500,000
	OR	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	2,100,000	2,100,000	2,100,000	2,100,000	1,600,000	10,000,000
CROSS-SECTORAL COSTS	RR	4,502,000	4,514,000	4,514,000	4,514,000	4,514,000	22,558,000
	OR						
	TOTAL	4,502,000	4,514,000	4,514,000	4,514,000	4,514,000	22,558,000
TOTAL, PROGRAMME BUDGET	RR	30,018,000	30,094,000	30,094,000	30,094,000	30,094,000	150,394,000
	OR	45,800,000	49,300,000	51,300,000	51,300,000	52,300,000	250,000,000
	TOTAL	75,818,000	79,394,000	81,394,000	81,394,000	82,394,000	400,394,000
STAFF COSTS a/		2,824,775	2,991,257	3,167,109	3,342,840	3,520,435	15,846,416
GENERAL OPERATING COSTS		1,252,969	1,142,469	1,252,969	1,142,469	1,252,969	6,043,845
TOTAL, ESTIMATE SUPPORT BUDGET		4,077,744	4,133,726	4,420,078	4,485,309	4,773,404	21,890,261
GRAND TOTAL		79,895,744	83,527,726	85,814,078	85,879,309	87,167,404	422,284,261

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : INDIA
PROGRAMME:2003-2007

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
REPRODUCTIVE AND CHILD HEALTH	19,566,000		19,566,000	0	0	1	0	0	0	1	5	6	12	995,331	1,972,245	2,967,576
PRIMARY EDUCATION	24,590,000		24,590,000	0	0	1	0	0	0	1	10	6	17	995,331	3,895,612	4,890,943
CHILD DEVELOPMENT AND NUTRITIO	24,610,000		24,610,000	0	0	1	1	0	0	2	9	4	15	1,834,995	2,793,415	4,628,410
CHILD ENVIRONMENT - WES	24,070,000		24,070,000	0	0	1	1	0	0	2	2	7	11	1,990,662	1,413,726	3,404,388
HIV/AIDS	7,500,000		7,500,000	0	0	1	0	1	0	2	0	0	2	1,755,485	0	1,755,485
CHILD PROTECTION	10,000,000		10,000,000	0	0	1	0	1	0	2	4	4	10	1,755,485	1,766,133	3,521,618
PLANNING, MONITORING & EVALUAT	8,000,000		8,000,000	0	0	1	0	0	0	1	5	2	8	995,331	1,922,477	2,917,808
ADVOCACY AND PARTNERSHIPS	9,500,000		9,500,000	0	0	1	0	1	0	2	13	5	20	1,755,485	4,248,393	6,003,878
CROSS-SECTORAL COSTS	22,558,000		22,558,000	0	1	2	3	1	0	7	6	88	101	6,637,121	8,041,651	14,678,772
TOTAL RR	150,394,000		150,394,000	0	1	10	5	4	0	20	54	122	196	18,715,226	26,053,652	44,768,878
OTHER RESOURCES :																
REPRODUCTIVE AND CHILD HEALTH		66,500,000	66,500,000	0	0	0	2	1	0	3	12	3	18	2,439,482	4,339,409	6,778,891
PRIMARY EDUCATION		33,000,000	33,000,000	0	0	0	1	0	0	1	5	1	7	839,664	1,343,514	2,183,178
CHILD DEVELOPMENT AND NUTRITIO		32,000,000	32,000,000	0	0	0	0	0	0	0	3	0	3	0	693,705	693,705
CHILD ENVIRONMENT - WES		40,000,000	40,000,000	0	0	0	1	3	0	4	19	3	26	3,120,126	5,106,729	8,226,855
HIV/AIDS		32,000,000	32,000,000	0	0	0	3	1	0	4	2	1	7	3,279,146	768,972	4,048,118
CHILD PROTECTION		25,000,000	25,000,000	0	0	0	0	0	0	0	2	0	2	0	680,830	680,830
PLANNING, MONITORING & EVALUAT		1,000,000	1,000,000	0	0	0	0	0	0	0	2	1	3	0	568,067	568,067
ADVOCACY AND PARTNERSHIPS		500,000	500,000	0	0	0	0	0	0	0	1	1	2	0	320,376	320,376
TOTAL OR		250,000,000	250,000,000	0	0	0	7	5	0	12	46	10	68	9,678,418	13,821,602	23,500,020
TOTAL RR & OR	150,394,000	250,000,000	400,394,000	0	1	10	12	9	0	32	100	132	264	28,393,644	39,875,254	68,268,898
SUPPORT BUDGET	Operating costs 6,043,845															
	Staffing			1	1	1	6	0	0	9	9	51	69	8,202,854	7,643,522	15,846,416
GRAND TOTAL (RR + OR + SB)				1	2	11	18	9	0	41	109	183	333	36,596,538	47,518,776	84,115,314
Number of posts and staff costs:																
Current programme cycle										32	98	201	331			
At the end of proposed programme cycle (indicative only)										41	109	183	333	36,596,538	47,518,776	84,115,314

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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